MARGIN RESERVED FOR BINDING

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-0



00426

Sa Plasta, D.D. Date signed 1-30-45

103 Reg. Dist. No.

CERTIFICATE OF DEATH

	2.05. 2.00.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Charles	(For newborn manus give residence of mother)
City er town (If outside city or town limits, write RURAL and give nearest town)	State Ceunty Co.
	City or town. (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Hospital, Institution, or street address where death bocurred:	Sireet No. Goto John
Goote Judge	(If rural, give LOCATION)
How leng in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Jane Rebecca albit	tain
4. Sex 5. Color or race \$5.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fenda White Married	20. DATE OF DEATH
	21. I CERTIFY that death eccurred ee the dale above stated: that I attended deceased from
8.(b) Name of husband or wife	21. I CENTIFY That death eccurrence et the date habite stated, that i alternate decreased from
6.(c) If alive, give age 72 years	
7. Birth date of deceased (me., day, yr.) May 15, 1872	and that I last saw b. A. alive on 19.4.
A	Immediate cause of death
O. Alda.	Cerebral Lemanhage 48 M
72 8 15min.	Ö
8. Birthgiace White Plais Charles, D.C. (Town, county and state)	Bue to Generalizal anticionalerosis ?
10. Usual occupation	00
0,	Due to Chronic glandia 17 yrs
tt. Industry or business	- · · · · · · · · · · · · · · · · · · ·
12. Name Herry Colesto	Dther conditions
13. Birthglace Charles Ords.	(Include pregnancy within 8 months of death)
14. Maiden name Sanch Syon 15. Birthplace Cles. Of Pol-	Major findings of operations.
\$ 15. Birthplace Cles. Q. Pol.	Date ef ep.
18 Informant Nisa Lawisa alliterin (daulite)	Autopsy results.
	PHYStCIAN: Please underline the cause to which death should be charged statistically.
Address Selet nel	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, er homicide
nut Pret	
Cemetery er crematory	Where did injury eccur? (Chy or town) (County) (State)
Location Od Flata Mr	Injured at heme, farm, Industry, public place (where?)
18. Funeral director It with & Ryon	Means of Injury Injured at work?
Address Haldry ml ()	1 PMak 22
1031 15 00 100 00	23. SIGNATURE D. or other
(Date rec'd by registrar) Registrar	Address Sa Plasta DD. Date signed 1-30-45

Address.

FEB 6 1945
BUREAU V.S.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00427
1. PLACE OF DEATH	93-d
County houses	Registration Dist. No. 105
Village or City Mr. Waldow,	No. St Word
(If Length of residence In city or town where death occurredrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAMES CAN Joseph Den	
(a) Residence: No. Maldon 2 2016	If U. S. Veteran, specify WAR.
(Usual place of shode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dev) (Year)
5e. If married, widowed, or divorced HUSBAND of	(1001)
(or) WIFE of	22. I HEREBY CERTIFY, That I ettended decesed from
6. DATE OF BIRTH (month, day, end year) Oct. 21, 1857	1 1 1 1 1 1 1 1 1 1
7. AGE Yeers Months Days If LESS than	to heve occurred on the dete steted above, etm.
87 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8 Trade profession or particular	Date of onest
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.	acut Bronches Wan 11
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc Pelinel	- D
0 10. Dete deceased last worked et 11. Total time (yeers)	Julmany colin s Jan 10
o this occupetion (month end spant in this occupetion	
12. BIRTHPLACE (city or town) Bastros Pa.	Other Contributory Causes of importance:
(State or country)	Arouse Bronchete.
13. NAME Jacob Bender	Mypladelis.
14. BIRTHPLACE (lity or town) Jermany	Name/of operation Dete of
(Crate of Country)	What test confirmed diagnosis? Was there an eulopsy?
15. MAIDEN NAME Margaret Miller	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. Maiden Name Margaret Miller 18. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Judench Bender	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Wardon on REMOVAL	
Plece Williamsport Dete 1/24 19 43	Menner of injury
71 11 910	Nature of injury
19. UNDERTAKER / Waldowsky, mad,	24. Was disease or injury in any way releted to occupetion of deceased?
20. FILED 1-21 19.U.S. M. A. Morris Registras	(Signed) M. D. (Address) M. D.
If more blanks are needed, address State Registrary	AII N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were as	f death and related causes follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy		1 week ago
Chronic interstitial nephritis	1921	Run over by street car	FEB 6 1945	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	7 7 6	3 days ago
			BUREAU V.B.	
Other contributory causes of importance:	May 1,1923	Other contributory ca	uses of importance:	1
Gaven	Mug1,1000	Crasirventerities		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

1111428

CERTIFICATE OF DEATH

Reg. Dist. No.

-, -		
1. PLACE OF DEATH: Charles	2. USUAL RESIDENCE (HOME) OF DECEASED: (For oewborn infants give residence of mother)	1.
City or town(If outside city or town limits, write RURAL that give nearest town)	State County County City or town Washing 12	ral,
How long in above place of death?	(1f outside city or town limits, write RERAL and give on Sireet No.	rest town)
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war.	***************************************
3. (a) FULL NAME Charles W. Brooks	3. (b) Social Security	Number
4. Sex 5. Color or rece 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
M Col. 5	20. DATE DE DEATH. 1 10 1945	14A
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended dece	
7. Birth dale of	and that I last saw h A alive on 1 _ 9	19 Y SC
deceased (mo., day, yr.) 8 A.G.F. Years Months Days titess than one day	Immediate cause of death	DURATION
8. AGE: Years Months Days to tess than one day		***************************************
hrs,min,	Vuermoma lobar	***************************************
9. Birthplace	Due to	***************************************
(Town, county, and state)	Mal- MUTHITION	
19. Usual occupation.	Bue to	
11. Industry or business		***************************************
12. Name Joseph D. Moons 13. Sirthplace Moson Shing Mil.	Other conditions	***************************************
	(Include pregnancy within 3 months of death)	
14. Maiden name Oernell Smith 15. Sirthpiace (Major findings of operations	. 8.0. 8.8 8.8 8.8 8.8 8.8 8.8 8.8 8.8 8
2 15. Birthplace / Wid.	Dale of op.	
16. Informan Joseph D. Brooks (Fall	Antopsy results	*************
Address Walder med	PHYSICIAN: Please underline the cause to which death should be charged	atatistically.
Bassil 1/10/1/5	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide	
Cemetery or crematory St. Releis	Where did injury occur?	(State)
metersul	Injured at home, faggs, industry, public place (where?)	(10.11.17)
Location	Means of injury Injured at work?	
18. Funeral director Aunu Flagori	Months of Injury	
Address Walter, Just.	on SIGNATURE CM. // Alfaller	
19. 1-16 45- Almortan	herandamil Md	r other
(Date rec'd by registrar) Registrar	Address Date signed.	.1,

A15 VS PLEASE

MARGIN RESERVED FOR BINDING

FEB 6 1945
BUREAU V.S.

2411 N. Charles St., Baltimore 830

00429

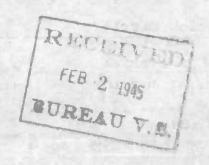
CERTIFICATE OF DEATH

	Rog. Dist. No		
1. PLACE OF DEATH: Charles	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	State Maryland County Charles		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war World War No. 1		
llow long in hospital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME Harry Goodrich Currier	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE OF DEATH 2012 14 1947 at 12 8		
8.(b) Name of husband or wife Helen H. Currier	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
7. Birth date of Oct 24 7 80 4	and that I just saw h		
deceased (mo., day, yr.) Oct 24 1894	Immediate cause of death		
8. AGE: Years Montha Daya If less than one day 50 2 24	Line Brief Phin whom Jan 13		
	Bue to d d d		
9. Birthplace News (Town, county, and state)	Due to Type tensus		
10. Usual occupation. Farmer	Bue to		
11. Industry or business			
E 12. Name Harry G Currier	Diher conditions		
조 13. Birthplace Portland Main 플 4 Moldon page Jennie Richie	(Include pregnancy within 8 months of death)		
in 19. Maiusi Hams	Major findings of operations		
	Bate of op.		
16. Informant Helen H. Currier	Autopsy results		
Address Hughesville, Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Burial (Burial, cremation, or removal, Which?) Bale thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Mentille Flessith			
Newark N.H.	Where did injury occur?		
Location	injured at home, farm, Industry, public place (where?) Means of injury Injured at work?		
18. Funeral director. Elmer M. Quade	4/5/		
Address Hughesville, Md	23. SIGNATURE Dry hely, and he o		
19. /-/4- (Date rec'd by registrar) 19.45 Tanual Smith Registrar	M. D. or other		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 55-2

00430

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Charles	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give esidence of mother)
County.	State Md. County Chavles
City or town	A 4.
How long In above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Willie Christopher Columbus 6	Frincles. 3. (b) Social Security Number
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Moniel	20. DATE OF DEATH January 23 1945 31 8 P.
Janie Lucket Grinder	21. I CERTIFY that death occurred on the date bove stated; that I attended deceased from
B.(0) Hame of husband of wife	10 4 11 4K The 23 K5
T. Sirth date of	and that I last saw h
deceased (mo., day, yr.) \ 4 ne /, 186/	Immediate cause of death DURATION
B. AGE: Years Months Days If less than one day	Carcinoma neck 3 houte
83 7 22hrs.	min.
Sirtholace Washington D.C.	
(Town, county, and state)	July 10.
D. Usual occupation Farmer - Fisherman	Due to
1. industry or business	UUC 19.
12 Name Wm. 8km des	Dther conditions
12. Name Way. & Minder 13. Birthplace Wash. D. C.	
	(Include pregnancy within 3 months of death)
14. Sirthplace Mark. S. C.	Major findings of operations
15. Birthplace	Date of op.
18. Informant Americal Murchael.	Autopsy results
Address Indian Hoad Ad	PHYSICIAN: Please underline the cause to which death should be charged statistically.
D. 14 T. 31 194	22. VIOLENCE: 11 death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cometery or crematory Chice - w ko of Mother dost Churce	Where did injury occur?
Chias man Mil	Injured at home, farm, industry, public place (where?)
_//	Means of Injury Injured at work?
18. Funeral director.	mounts of injury
Address Waldort, Mid	- funt 6. Sugar h X.
1 23 KE Juni 1-11 1	23. SIGNATURE M. D. or other
19. Handle of a 19 4.5 Mary supplied Registrary	max 123/4

VS A15

FEB 8 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 933 CERTIFICATE OF DEATH Reg. Dist. No. 10 > 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) If ontside city or town limits, write RDRAL and give nearest town Pars How long in above place of death?..... Hospital, Institution, or street address where death occurred: death clearly (If rural, give LOCATION) information of death cle Now long in hospital or institution?.... 2.(a) tf veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number 5. Color or race 4. Sex MEDICAL CERTIFICATION BINDING causes Female Secono 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband FOR 7. Birth date of Supply e deceased (mo., day, yr.) Immediate cause of death. 8. AGE: Years MARGIN RESERVED pl 9. Ririhniace 10. Usual occupation... 11. tadustry or business 12. Kame important. 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden name. Major findings of operations..... 15. Birthplace PLAINLY, is especially 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide..... (month) (day) Where did lojury occur? WRITE (City or town) Cemetery or crematory... (Connty) injured at home, farm, Industry, public place (where?) Injured at work? Means of injury 18. Funeral director. SE Registrar

BUREAU V. B. 1965 B. 1

Clasin	STATE OF MARYLAND—	CERTIFICATE OF DEATH
State WAY	1. PLACE OF DEATH	101432
m) r	County Charles	Registration Dist. No. 108
9.4	Village or City Haelof	No. St., Ward
t s it	Length of residence in city or town where death occurredmos	death occurred in a horpital or institution, give its NAME instead of street and number)
CORD. Every PHYSICIANS ct statement	2. FULL NAME PRESENT Elisa	he Harens
SICI ater	(a) Residence: No.	St., Ward.
- Ind	(Usual place of abode)	If nonresident give city or town and State
RECO. PH.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Y K	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	19345
TTL ed.	5a. If married, widowed, or divorced	(Month) (Day) (Year)
白さら温	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decoased from
CLXEN I	31 . 1 11 1941	last saw h alive on B 3/ 1944: death is sald
PE BI	6. DATE OF BIRTH (month, day, and year) 144 147 177 17. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9:30 m.
FOR B. IS A PE stated E properly certificate	1 day, hrs, or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
- 70	8 Trade profession or particular	Date of onset
HIS Pe	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Loter (I neumonia 3 D.
RVJ ould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	2
SE SH	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	
REG I AGE that	year) occupation	Other Contributory Courses of importance:
Z	12. BIRTHPLACE (city or town)	
ARGIN UNFADI pplied. terms, so	(State or country)	
	13. NAME Selection Segment 14. BIRTHPLACE (city or town)	
	(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
whire efully in plain ant.	15. MAIDEN NAME Elozabeth 11. Marchen	3. If death was due to external causes (VIOLENCE) fill In also the following:
	15. MAIDEN NAME Elizabeth . Mallheet 16. BIRTHPLACE (city or fown)	Accident, suicide, or homicide? Date of injury, 19
be composite the position of t	(State or country)	Where did Injury occur?
PLAINLY, hould be can OF DEATH very import	17. INFORMANT tilliam Hayers	Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
Should OF D.	(Address) 18, BURIAL, CREMATION, OR SEMOVAL	
E S E S S S S S S S S S S S S S S S S S	Place It Viles Vale Jac 2, 1945	Manner of injury
-WRITE mation s CAUSE TION is	the Disker	24. Was disease or Injury In any way related to occupation of deceased
T.C.1	19. UNDERTAKER ACCURATION OF THE PROPERTY OF T	If so, specify
S. S.	20 FILED 1-1 1945 M. W. Money	(Signed) (S.). / KSKUC M. D.
> Z	Registrar.	(Address) Dallay M
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis FEB 6 1945	3 days ago		
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year		

MARGIN RESERVED FOR BINDING

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

00433

1. PLACE OF D	EATH: Charl	eo		2. USUAL RESIDENCE (I	HOME) 01	F DECEASED:		
			•	State Md	City or town			
City or town(1)	f outside city or town	imits, write	RURAL and give nearest town)	0				
			***************************************	(If outside cit	y or town limits	s, write RURAL and g	rive nearest town)	
Hospital, lostitution,	or street address where	death occurre	d:	Street No			*************	
***************************************		***************************************	***************************************		(If rural, give			
How long in hospital	or Institution?		***************************************	2.(a) If veteran, name war		***************************************		
3. (a) FULL NAM		lauric	a Dutton Hay	den		3. (b) Social Sec	curity Number	
4. Sax	5. Color or race	6.(a)Sing	ie, married, widowed, or divorced	ME	DICAL CH	ERTIFICATIO	N	
Mala	White		Marriel	20. DATE OF DEATH	Januar	4 6 19	45 10:57A m	
0.413.00	man man	Cood	0:0/S:) Ha	21. I CERTIFY that death occurre	/			
6.(0) Name of nusean	or wite	1)	(1)	() Variable	519	45 10	1945	
7. Birth date of	-		c) tf allve, give age	and that I last saw to Loro ali			eren.	
deceased (mo., day	yr.) Dec. 6	, 1873		Immediate cause of death				
8. AGE: Yea	ers Months	Days	If less than one day	Commany t	1 .	,	1	
7		0	hrs	nin.				
9. Birthplace	Olaro Frank (Town,	county, and	Oss NO	Bue to Concerne			122 0	
1D. Usual occupation	Pool	mask	v	Bue to Bear On)	-0		
t1. todustry or busine	ss Ville	14 10%	ot office	Due to	·	CONTRACTOR	2-3 500.	
12. Name	00.0	OF UH	auten			000000000*********************		
E		. Co.	O.D.	Other conditions	01.01.01.00*************	0 4 0 0 4 4 4 0 0 0 0 0 4 4 0 0 0 0 0 4 4 4 0	***************************************	
≥ 13. Birthplace			170.	(Include pregn	ancy within 3 n	nonths of death)		
14. Maiden name	Eliza	a.D	ullon	Major findings of operations				
S 15. Birthpiace	0 0	Lhas. C	o. Md.					
	almo L. E		grand daufter			and the same of th		
				PHYSICIAN: Please underline				
Address	Beal	an m	12/11	22. VIOLENCE: It death was du	o to external cau	ses. till in the following		
17	rial	Pate ther	(month) (day) (year)	Accident, suicide, or homicide			· · · · · · · · · · · · · · · · · · ·	
	on, or removal Which?	1 22	(month) (day) (year)					
Cemetery or crema	tory			Where did lajury occur?	(City or town)	(County)	(State)	
Location	Bel	als	on, mx	Injured at home, farm, industry,	public ptace (wh	here?)		
te. Funeral director.	Drin	M	4 Rejon	Means of injury		Injured at wor	k?	
Address	W	acdo	of med.		rm.	Ka. D	(Take	
1. 6	11. 4	- (Y.1. XIP	23. SIGNATURE	PIN IN IOC	Karage	M. D. or other	
19. (Date rec'd by r	registrar)		Regist	Addrase 2	Reda	D-R Bate	signed 1-6-45	

FEB 5 1945
BUREAU V.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

00434

CERTIFICA	Reg. Diat. No.
1. PLACE OF DEATH: Granles County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
Folia of Sriving John J.	3. (b) Social Security Number
Sex M 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE DF DEATH. 1-30 - 45 to 45 at 3 A.M.
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. 4. 4. 10
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 5 22	Immediate cause of death. Duration Coronary Shrombosis 1-30-45 Due to Baronary Heart Disease 3-6-44 Due to
11. Industry or business 12. Hame John 6 Iswin 13. Birthplace Quelank	Diher conditions
14. Maiden name Marguret Tilleans 15. Dirihplace Leland	(include pregnancy within 8 months of death) Major findings of operations
16. Informant John & Lower Harden Har	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory St Thomas Location Belactor 701	Where did injury occur?
18. Funeral director Hunty Heyon Address Waeday mil	Means of Injury Injured at work? 23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address Late Isla Mr. Date signed 1-30-45

FEB 6 1945 BUREAU V.S.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

00435 og. Dist. No. /83

	Reg. Dist. No.
1. PLACE OF DEATH: STUES	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Street No.
1. 1.0.0	(If rural, give LOCATION)
3. (a) FALL NAME	2.(a) If veleran, name war
	mlsow
4. Sex 5. Color or race 6.(a) Single, married, wildowed, of divorced	MEDICAL CERTIFICATION
-11 -1 -1 -1 -1 -1 -1 -1	_ 20. DATE OF DEATH
6.(b) Name of husband or wife All Regime Today	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
7. Birth date of	and that I last saw h. 1. 7.7. alive on
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death
83 10 18nrsmin	oronary shoombons 1-16-0
9. Birthplace (Town, county, and state)	Williokelerstic Heart 10-40
10. Usual occupation	Due to Disserve
12. Name William H. Jones	Other conditions
	(Include pregnancy within 3 months of desth)
14. Maiden name Mangaret Queen 15. Birthplace / Mangaret Queen	Major findings of operations
18. informant & Cloffer formant	Autopsy results
Address 9825 M. Hound St. Ballo	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burisi, cremation, or removal, Whice) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory St. Mary 5	Where did Injury occur?
Location Brymlady und	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Harth Dilkyn	Means of injury Injured at work?
Address Walter J. Will	23. SIGNATURE A HOALLEN TE.
19. (Date rec'd by registrar) 945 Mary 6. Buch	M. D. or other

FEB 6 1945
BUREAU V.S.

PLEASE

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)



00436

CERTIFICATE OF DEATH

Reg. Dist. No. / /

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Hospital, Institution, or street address where death occurred:	Street No
How long In hospital or Institution?	2.(a) If veteran, name war
3.(a) FULL NAME Coloner W. Fucas	3. (b) Social Security Number
4. Sex Male 6. (a) Single, marked, widowed, or divorced Market Market	MADICAL CERTIFICATION 20. GATE DF DEATH 194 5 at 18 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) CRVIB 90 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
54 8 14min.	Cormany Heart Assess
9. Birthplace	Due to.
11. Industry or business Farme	Due to
12. Name Cauguere hucas	Other conditions (Include pregnancy within 3 months of death)
14. Malden name Mangartt F. Coole 15. Birthplace Waklingston A.C.	Major findings of operations
16. Informant Lung D. Hucag	Antopsy results. PHYStCIAN: Pteasc underline the cause to which death should be charged statistically.
Address 17. Record Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Colling 1	Where did injury occur?
Location Mattered Deviller	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address Washington Do.	23. SIGNATURE GES, C. Bicknell MA. D. or other
19. July 2011 19 4.5 Hylery September Registrar	Address Okarbury Med Cate signed 1 45

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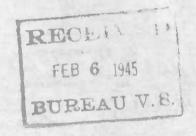
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d

CERTIFICATE OF DEATH

004375 Reg. Dist. No. 3755

	Nog. Dist. 110
1. PLACE OF PRINGE WILLS	2. USUAL RESIDENCE (HOME) OF DECEASED (For heappyrn infages give residence of mother)
City or town	State State Chills
How long le ebore place of death?	City or town(If outside city or town limits, write It ILAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FUEL MAME Maydeeker Trivald	3. (b) Social Security Number
. Sex 5/Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W W	20. DATE OF DEATH SAMUATY 1945, at 6 F
.(b) Name of husband or wife	21.4-erardy that each occurred on the date above stated; that I attended deceased from
. Birth date of	and that I just sawh ER alive on Jan 19.44
deceased (mo., day, yr.) AGE: Years, Months Bays If less than one day	Immediate cause of death
7616 10 hrs. p	Vandstire Lear Hailus Que
Birthplace Maryland	Que to A
(Town, county, and state)	Sypertimer Hent
D. Usual occupation	Due to 4-12-
	Our conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maidee name surah shompson 15. Birthplages The shompson	(Include pregnancy within 3 months of death)
15. Birthplages	
i Informant COV T. Springer	Autopsy results
Address The State of the State	22. VIOLENCE: If death was due to external causes, fill le the following:
(Burial, cremation, or removal Which?) Due the fall (dist) (year)	Accident, suicide, or homicide
Cemetery or crematory Oyloo WWW Wark	Where did injury occur?
Location Alle	Injured at home, farm, ledukty public puce (where?)
8. Funeral director Typett & Ryan	Means of injury Injured at work?
Address Mallet (23. SIGNATURE 2. TO BULLEW 11.1.
1-2 145 m. F. Monus	M. D. or other
(Date rec'd by registrar) Registrar	Address Bate signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore And

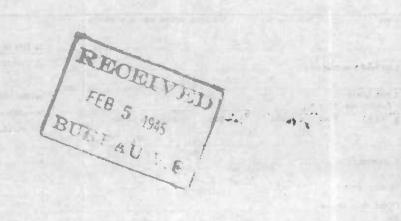
001438

CERTIFICATE OF DEATH

	Reg. Dist. No	100
E) OF DEC	CEASED:	
ce of mothe	r) /	

CERTIFICAT	Reg. Dist. No
1. PLACE OF DEATH: Coucty City or town (If outside city or town limits, write RURAL and give nearest town) How long to above place of death? How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
William Owens	3. (b) Social Security Number
5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 1945 at 8 9 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from 19.4. 10. 19.4. 10. 19.4. 19.
8. AGE: Years Months Days If less than one day 7 hrs. min.	Duration Duration 11-74-4 Due to
10. Usual occupation	Due to.
12. Name	(Include pregnancy within 8 months of death) Major findings of operations.
16. Informant / Laspa / Beendo	Autopsy results
17. (Burlal, cremation, or removal Which?) Cemetery or crematory. Date thereof. (ponth) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director. Aunth & Ryon. Address Waldows und	Injured at home, farm, industry Sublic place (where?) Means of Injury Injured at work?
19. /-6-45 19 Julia H Parey (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or other Address M. D. or other Address M. Darto signed 4.45

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MARYLAND STATE DEPARTMENT OF HEALTH



2411 N. Charles St., Baltimore (159)

CERT	ICI	CAT	E OE	DE	ATT
T. R.		L.A	r. CJP	7.75	Δ Γ

()()439 Reg. Diat. No. 105

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
overily	State County Charles
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 4-5 weeks	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Robert Louis Pichura	S. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Nagro Single	10000
Trace in the same	20. DATE OF DEATH. 20. 36 19.45 21 A.M
B.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased the
	Jan. 26 1945 10
7. Birth date of	and that 1 - saw h 52 - 10 45
deceased (mo., day, yr.) Dec. 21 1944	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	V
0 5 hrsmin.	
9. Birthplace Walder Charles Ma-	Due to Natural causes unformer, 24 ho.
9. Birthplace (Touch, county, and state)	but probably prinationty
10. Usual occupation.	1 1 1
11. Industry or business	Due to
	Other conditions acute Similia 1-2 days
12. Name Picherse 13. Birthplace Wolford D.	Other conditions United Thirds 1-2 days
EL 13. Birinplace	(Include pregnancy within 3 months of death)
E 14. Maldeo name Course Sefano	Major findings of operations
15. Birthplace Waldong No.	
0 . 0 . 0 . (6)	Date of op.
16. Informant	PHYSICIAN: Please underline the cause to which death shauld be charged statistically.
Address Walders (18)	
17 Burial Date thereof 1-26-45	22. VIOLENCE: if death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory 57 / 2000	Where did Injury occur? (City of town) (County) (State)
naldry sug	Injured at home, farm, Industry, public place (where?)
Location	
18. Funeral director	Means of Injury Injured at work?
Address Moldof kul	O em 11 Dep. Och - Exomis.
1 2 +2/ w-/m pm. n. s.	23. SIGNATURE M. D. or other
(Date rec'd by fegistrar) (Date rec'd by fegistrar) Registrar	
	Manicas and a series of the se

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FEB 6 1945

BUREAU V.S.

ect age	age of deceased is shown on 2411 N. Charl	EPARTMENT OF HEALTH les St., Baltimore 124 TE OF DEATH Reg. Dist. No. 100
information carefully. The correct of death clearly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn jufants give residence uf muther) State County City or town (If outside city or town limits, write RESEAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veleran, name war. 3. (b) Social Security Number
FOR BINDING	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced N. Sex S. Color or race 6.(a) Single, married, widowed, or divorced S. (b) Mame of husband or wife. S. (c) If alive, give age years deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	MEDICAL CERTIFICATION 20. DATE DF DEATH
MARGIN RESERVED UNFADING INK. Supp	15 +6 5 1 hrs. min. 9. Sirthplace	Bue to Respectable trained of choloren Diher conditions
PLAINLY, WITH is especially import	14. Maiden name. Also Farmer 15. Birthplace Waldorf Mal 18. Informant Haward Pinkary Address Waldorf Mal 17. (Burial, cremation, or removal, Which?) Cemetery or crematory Large Church J. Yaul	(Include pregnancy within 3 months of death) Major findings of operations. Date of op
VS A15 PLEASE WRITE	Location Valdor Fried Med 18. Funeral director Friends & Region Address Waldorf Ml 19. /-/5- (Date ree'd by registrar) 19. Registrar	Injured al home, farm, Industry, public place (where?)

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FEB 5 1945

BUREAU V.F.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

CERTIFICATE OF DEATH

		105
Reg.	Dist.	No

I. PLACE OF DEATH: Parles	2. USUAL RESIDENCE (HOME) OF DECEASED: (For uewborn infants give residence of mother)
Gity or town	State md county Charles
(If ontside city or town limits, write MURAL and give nearest town) How long in above place of death?	City or town. Walded of the Company
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) 1 veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
davra Francis Solvy 4.500 5. Color or race (8.(a) Single, married, widowed, or divorced	
Tankala n. neidonal	MEDICAL CERTIFICATION Q
	20. DATE OF DEATH 1 28 19 15 19 18 19 18 19 19 19 19 19 19 19 19 19 19 19 19 19
8.(6) Name of husband or wife, Jerry Dudley Robery	21. I CIRCIFY that death occurred on the date ebove stated; that I attended deceased from
7. Birth date of Second	1943, 10 128 1945
deceased (mo., day, yr.) 100 4-1884	and that I last saw h. C. V. alive on
8. AGE: Years Months Days If less than one day	Homowhage Pulmonary
60 2 24hrsmin.	
8. Birthplace Waldoy Cheas Co md	Due to Vulmonary
10. Usual occupation Lower Course work	Lubereul opro
11. Industry or business	Due to.
	Other conditions
12. Name Richard demud Milliams 13. Birthplace Charles Co ml	
14. Maiden name & lies abeth Jane Piercerd 5. Birthplace Charles Go mil	(Include pregnancy within 8 months of death)
15. Birthplace Charles Go and	Major fiedings of operations.
18. Interment Inca Kelivell Wanghter	Autopsy results
Address Waldoy ml	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B: 1 1 1-30-415	22. VIOLENCE: I1 death was due to external causes, 1111 in the following;
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory O claud Country	Where did injury occur?
Location Waldory ml	Injured of home, farm, Industry, public place (where?)
18. Funeral director Hunth X Ry on	Means of Injury Injured at work?
Address Waldoy md ()	Line Low -
1-29 WI-07. d. MAR 95	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address On Age Md Date signed 78 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

FEB 6 1945
BUREAU V.S.

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2411 N. Charles St., Baltimore (313)

CERTIFICATE OF DEATH

_	Dist.	 1

1. PLACE OF DEATH: Oliverles	Z. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants giveresidence of mether)
	State
City or town	
How long in above place of death?	City or town (1f outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Sadie Wissawy	3. (b) Social Security Number
4. Sex F 6. Color or race 6.(a) Single, married, widowed, or divorced Wischned	MEDICAL CERTIFICATION 2D. DATE DF DEATH. 2D. DATE DF DEATH. 2D. DATE DF DEATH. 2D. DATE DF DEATH. 2D. DATE DF DEATH.
6.(b) Name of husband or wife Feed Larry	21. I CERTIFY that death orcurred on the date above stated; that I attended deceased from
	19 2 0, 10 19
7. Birth date of S. (c) If alive, the age	and that I last saw h A ative on 19.
accessed (mes, ed); 7:3	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	Cerebral apoplying
62 11hrs	min.
9. Birthplace Maryenny Ollarles Ce, Md.	Due to Cardin - renal
(Toyh, county, and state)	Organi
1D. Usual occupation.	Due to
11. industry or business?	
12. Name Oly Malus 13. Birthplace Olyphe Qe, Md	···· Dther conditions
	(Include pregnancy within 3-months of death)
14. Maiden name demin Frazer 15. Birthplace Olicable Qu. And.	
15. Birthplace olacale Ou, and.	Major findings of eperations.
Association Waters.	Date of op.
16. Informant	PHYSICIAN: Please underline the caese to which death should be charged statistically.
Address naufsman fla	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burlai, cremation, or removal, Which?)	Accident, suicide, or homicide
Wit Deales.	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory	
Location	Injured at home, tarm, industry, public place (where?)
18. Funeral director Stanly Turney	Means of Injury Injured at work?
Address mound Springs and	23. SIGNATURE See. O. Bicknell July
19. July le 19 45 hearf Speetterland	Tar Address Marbury My Date signey 619.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BOT ACROST TO CHEMICAL PROPERTY.

FEB 8 1945
BUREAU V. 8

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MARYLAND STATE DEPARTMENT OF HEALTH

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2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAD and give nearest town) How long in above place of death?... (if outside city or town limits, write RURAL and give nearest town) Hospitat, Institution, or street address where death occurred: (tf rural, give LOCATION) 2.(a) If veteran, name war..... How long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION aldnudry 20 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated: That I attended deceased from 6.(b) Name of husband or wife..... .6.(c) ii alive, give ageyears 7. Sirth date of 30 deceased (mo., day, yr.) If less than one day 8. AGE: Days 9. Birthplace (Town, county, and state) 10. Usual occupation...... 11. Industry or business 13. Birthplace (Include pregnancy within 3 months of death) 14. Malden name. Major findings of operations..... E 15. Birthotace 16. Informant. PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following: Vdn. 21 Dale thereof Accident, suicide, or homicide,..... (month) (day) (year) Where did injury occur? Cemetery or crematory. (City or town) injured al home, farm, industry, public place (where?) Injured at work? Means of Injury 18. Funeral director. Address 23. SIGNATUR (Vate rec'd by registrar) . Date signed

FEB 8 1918 BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore (1242)

001444

		111
Reg.	Dist.	No.

1. PLACE OF DEATH: Olarles	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cliy or town (1f odtside city or town limits, write RURAL and give nearest town)	State
How long in above place of desth?	City or town (1f outside city or town limits, write RURAL and give nearest town) Street No.
How long in hospital or institution? allend at Chaldring first	(If rural, give LOCATION)
3. (a) FULL NAME James William.	Skellou · 3. (b) Social Security Number
4. Sex M. Color or raco 6.(a) Single, married, widowed, or divorced Single.	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 20. DATE OF DEATH. 20. DATE OF DEATH.
6.(b) Name of husband or wife	21. I CERTIFY that death ordured on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Open 23, 1941	and that I last saw before alive on 1945. Immediate cause of death DURATION
8. AGE: Years Months Days If less than one dayhrsmin.	Circhosis of Fives.
9. Birthplace (Town, county and state)	Due to.
1D. Usual occupstion.	Duo to.
11. Industry or business 12. Name Synce South Shitton 13. Birtholage Fredericks Fagle Fa	Dither conditions
14. Malden name anna Much Beauce	(Include pregnancy within 8 months of death) Major findings ol operations
16. Interment for Button	Autopsy results
Address (Inclion Dead Md	PHYS1CIAN: Please underline the cause to which death should be charged statistically.
17	22. VIOLENCE: It death was due to externsI causes, fill in the tollowing; Accident, suicide, or homicide
Cemetery or crematory Magazina	Where did injury occur?
Location Full Garage	Injured at home, farm, Industry, public place (where?)
18. Funeral director	1. 0 D. 1
Address Walder & GM	23. SIGNATURE
19. (Dafe rec'd by registrar) Registrar	Address Languy 110 Bate signed Tell. 1.45

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BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

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ATE OF DE	ATH /	

80	2411 N. Charles St., Baltimore		
1. PLACE OF DEATH: / f	CERTIFICATE OF DE	EATH Reg. Dist. No.	101
County	(For newbo	SIDENCE (HOME) OF DECEASED: In infants give residence of mother) County County If outside city or town limits, write RURAL and give (If rural, give LOCATION)	
	el	3. (b) Social Securi	ity Number
4. Sex 4. Sex Color or race 6.(a) Single, married	widowed, or divorced 2D. DATE DF DEATH	MEDICAL CERTIFICATION	5-718
6.(b) Name of husband or wife	ener 21. I CERTIFY hat	death occurred on the date above stated; that I attended d	leceased from 19.48
8. Birthplace Melsone me	s than one day hrsminDue to	r-neculas revel olpesse.	DURATION
10. Usuat occupation (Town, eounty, and state) 11. Industry or business			
12. Name Juseph Field Hardisty 13. Birthplace Md Hardisty 14. Malden name Shore J. Log Made Malden name Shore J. Log Malden name Sh	ias (I	nclude pregnancy within 8 months of death)	
~ (1,1 1,1 1,1 1,1 1,2 1,1) 1	Antopsy results PHYSICIAN: Plea	se underline the cause to which death should be charg	
Address 17. Course Date thereot Cemetery or crematory Description Company Course Cemetery or crematory Course Cemetery or Cemetery Course Cemetery Cemetery Course Cemetery Cemeter Cem	menth) (day) (year) Accident, suicide, of Where did injury of	ccur?	
18. Funeral director Award Play Address Worldsy 19. Mars 45 19.45 Marse	Means of injury 223. SIGNATURE	rm, Industry, public place (where?) Injured at work? Lev. C. Flicker	equit
19. June 1 5 19 45 Mary	Local Registrar Address	Mary Md Date stgg	Der other 15-46

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FEB 8 1945

RUFEAUVS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

00446

CERTIFICATE OF DEATH

			106	
-	Dist	No	1116	>

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
3. (a) FULL NAME Otto J. Weisuber 4. Sex 5. Color or race Married, widowed, or divorced Married	3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH. SOLUL. 16 1945, et 70 M
8. (b) Name of husband or wife. Calla Selection of husband or wife	21. I CERTIFY that death occurred on the date above stated; that pattended deceased from 19.1. to 19.4. In 19.
9. Birthpiace	Due to
12. Name Charles liven tens 13. Birthplace 14. Malden name Elizabeth Historian 15. Birthplace 16. Informant Mas Charles Historian	(Include pregnancy within 3 months of death) Major findings of operations
Address 17. (Burlal, cremation, or removal, Which?) Cemetery or crematory Location Address Daie thereof. (months) (day) (year)	PHISICIAN: Please underline the cause to which death about he charged stansucauy. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director. Furt & Regree Address Address Address Address Day Registrar 19. (Date rec'd by registrar) Registrar	23. SIGNATURE LOW Bickwell M.D. or other Address Markey Md. Date signed Rev. 17.44

PHILADE NO THEMPHASED TRACE OF APPARE

RECEIVED
FEB 6 1945
BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

Reg. Dist. No. / 01

001447

1. PLACE OF DECH!	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Work I WAS I WAS -	State
City or towa	••••
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred.	Street No.
	(If rurai, give LOCATION)
How long in hospital or instilution?	2.(a) If veteran, name war
3.(a) FULL NAME Caroline Elizabeth	Wheeler 3. (b) Social Security Number
4. Sex 5. Color or race 8.(a)Single parried, widowed, or divorced	MEDICAL CERTIFICATION
It Widowed	
1 2 ml . 1.	20. DATE OF DEATH JON 16 19.43 , 21 Q,
6.(b) Name of husband or wife to the state of the state o	21. I CERTIFY that dan't occurred on the date above stated; that Lattended deceased from
	Years 1977 to 1977
7. Birth date of deceased (mo., day, yr.) 1000 29 18 73	and that I last saw had allive on 19.1.
8. AGE: Years Monihs Days If less than one day	Immediate curse et death
68 6 18 hrs.	min.
B THE C	Was distributed
9. Birthplace (Town, county, and state)	Due to.
10. Usual occupation Houseufe	wisese.
	Due to
11. industry or business	
12. Name John . I leomae.	Dther conditions
	(Include pregnuncy within 3 months of death)
14. Malden name Elizabette Durlian.	(include pregnuncy within 3 months of death) Major fludings of operations
\$ 15. Birthplace Spleshery, July.	
16. Informant John J. Wheeler	Antopsy results.
1. 4 00	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Wallington A -	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burial, cremation, or removal, Which) Bate thereof (month) (day) (year)	
Cemetery or crematory Muthwelest	Where did Injury occur?
Cemetery of Crematory	
Location Cluccumity Lu VVO -	Injured at home, farm, Industry, public place (where?)
18. Funeral director Hunt & Ryon	Means of Injury Injured at work?
Address Mallort, Mud	1 0 43. 1 100A
Address Wy Survey of a U F Pla	23. SIGNATURE Cer, C. Paickwell Mit
19 Jane, 16 1945 mis have Suit	Fulund Mas Peace & Mal M. D. oyother
Oute rec'd by registrar) Regis	strar Address Date signed CALL O. T.

RECENTED
FEB 8 1945
BUREAU TOS